

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

MIS ADD -9 AM Q-1.1

	(maddelions on pa	ack of application)	TAIN WILL _ V WU 0: 11
	me of the limited liability of	company is:	SECRETARY OF STATE STATE OF IDAHO
the co	mplete street and mailing Cottagewood Lane, Rathdrum,		esignated office:
	oddress) ox 1349 Rathdrum, Idaho 83858 Address, if different than street addres		
. The na	me and complete street a	ddress of the registered	agent:
Kareni	a Twidt	19650 Cottagewood La	ne, Rathdrum, ID 83858
(Name)		(Street Address)	
. The na	me and address of at leas	t one member or manag	er of the limited liability
	<u>Name</u>	Address	
Karenia	a Twidt, Manager	P.O. Box 1349, Rathdrum, Idaho 83858	
Cliff Tv	vidt, Manager	P.O. Box 1349, Rathdrum, Idaho 83858	
			
	address for future corresp ox 1349, Rathdrum, Idaho 8385	-	notices):
6. Future	effective date of filing (opt	ional):	
	of a manager, member	or authorized	
erson. ignature <u>_</u>	Kanina 1	thic	Secretary of State use only
unad Nam	by / Karania T	16.0	IDAHO SECRETARY OF STA

04/02/2015 05:00

CK:8374 CT:308441 BH:1469023 16 100.00 = 100.00 ORGAN LLC #2

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Signature__ Y Typed Name: